



# U.S. MISSION TO GERMANY

## Credit Card Payment Authorization Form

Please complete all items and sign. Incomplete forms will not be processed.

Credit card type:

Master Card       Visa Card       American Express

Diners Club       Discover

Credit Card Number:

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Expiration Date Month: \_\_\_\_\_ Year: \_\_\_\_\_

Full name as shown on Credit Card: \_\_\_\_\_

Current Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please charge the credit card listed above for the requested consular services. I understand that this charge will be in U.S. Dollars.

Signature: \_\_\_\_\_

Card Holder's Signature

Date